|  |  |
| --- | --- |
| ADULT AMBULATORY INFUSION ORDER  **Iron (INJECTAFER, VENOFER, FERAHEME &**  **FERUMOXYTOL)** | **NAME:**  **BIRTHDATE:**    *Affix Patient Identification Label Here* |
| **ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (**  **) TO BE ACTIVE.** | |

**Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

Patient Information

Provider Information

\***Please fax a copy of the following** □Demographics □ Insurance Information □ Current Lab Results **patient information**: □ H & P Relevant to Diagnosis □ Last infusion note □ Current Medications

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_\_\_ lbs/kg Height: \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

ICD-10: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_\_

Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre Medications:

Diphenhydramine: □ PO □ IV □ 25 mg □ 50mg

Acetaminophen: □ PO □ 650 mg □ 1000 mg

Other: □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No Pre-Medications

Wait Time after Pre Medications:

□ 20 minutes □ 30 minutes □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No wait time

Labs:

□ CBC □ Draw \_\_\_\_\_\_\_\_\_\_\_\_ weeks after infusions are complete.

MC2699 (07/22)

□ Iron TIBC □ Draw \_\_\_\_\_\_\_\_\_\_\_\_\_\_ weeks after infusions are complete.

□ Ferritin Level □ Draw \_\_\_\_\_\_\_\_\_\_\_\_\_\_ weeks after infusions are complete.

□ No labs needed

IRON INFUSION (Physician please check one):

□ **Venofer** (*iron sucrose*) **IV:**

□ Venofer 100 mg in 100 mls 0.9% sodium chloride x \_\_\_\_\_ doses. Infuse over 15 minutes. Schedule infusions at least 24 hours apart.

□ Venofer 200 mg in 100 mls 0.9% sodium chloride x \_\_\_\_\_\_doses. Infuse over 15 minutes. Schedule infusions at least 24 hours apart.

□ Venofer 300 mg in 250 mls 0.9% sodium chloride x \_\_\_\_\_\_doses. Infuse over 90 minutes. Schedule infusion once per week.

□ **Injectafer** (f*erric carboxymaltose*) **IV:**

□ Administer **TWO (2) DOSES Injectafer 750 mg** separated by at least 7 days. Dilute in 250 mls 0.9% sodium chloride and infusion over 30 minutes.

□ Administer **SINGLE DOSES of Injectafer 750 mg**. Dilute in 250 mls 0.9% sodium chloride and infuse over 30 minutes.

□ **Feraheme** **IV:**

□ Administer **TWO (2) Doses of ferumoxytol 510 mg** separated by 3-8 days. Dilute in 100 mls 0.9% sodium chloride and infuse over 15-30 minutes.

□ Administer **SINGLE DOSE of ferumoxytol 510 mg**. Dilute in 100 mls 0.9% sodium chloride and infuse over 15-30 minutes.

□ **ferumoxytol IV:**

□ Administer **TWO (2) Doses of ferumoxytol 510 mg** separated by 3-8 days. Dilute in 100 mls 0.9% sodium chloride and infuse over 15-30 minutes.

□ Administer **SINGLE DOSE of ferumoxytol 510 mg**. Dilute in 100 mls 0.9% sodium chloride and infuse over 15-30 minutes.

**□ Patient is required to stay 30 minutes post infusion time.**

**□ No wait time is required**